SPOKANE
BUSINESS ASSOCIATION

Survey and Data Analysis of the Street-Level Homelessness Community within Spokane

by

Marbut Consulting

Final Written Report - June 2025

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Executive Summary

Spokane's homelessness crisis poses an existential threat to the region, and if significant policy and procedural changes are not made immediately, the number of people experiencing unsheltered homelessness in Spokane will dramatically increase in the coming years, and will likely double in less than five years. The overlapping crises of homelessness and fentanyl are having a tragic impact on the lives of those experiencing homelessness as well as the public safety and well-being of the community at large.

A core driver of this crisis is Spokane's failure to consistently enforce basic public safety and drug laws. The lack of visible, coordinated enforcement has created a permissive environment that enables open fentanyl use, fuels preventable deaths, and attracts individuals from outside the region who are not seeking recovery, but a place to use drugs without accountability. Despite having one of the highest per-capita fentanyl death rates in the nation and among the worst chronic homelessness rates, Spokane continues to operate as though it is not in a state of emergency.

This report calls for a coordinated emergency response—centered on both compassionate enforcement and expanded access to treatment and recovery. Success will require a robust system in which individuals encountered on the street are consistently given a path off the streets and into recovery. Enforcement without treatment is punitive; treatment without enforcement is ineffective.

In order to better understand the unique aspects of Spokane's homelessness crisis – with a particular focus on its geographic dynamics and characteristics – Marbut Consulting conducted a comprehensive study of the population experiencing homelessness in the region.

The survey used in the study provides a significantly more accurate and more robust understanding of where a person is from than HUD "Point-in-Time Counts" (PITC) do. This survey asks where the person was born, where the person went to high school, does/did the person have family living in Spokane, and where the person first started experiencing homelessness. Whereas the Point-in-Time Count only asks the person where they were living "immediately prior to loss of housing."

There are ***five key policy failures*** that have directly contributed to the increasing number of people experiencing homelessness in Spokane, and to the overall homelessness crisis:

1. Inconsistent or absent enforcement of public drug use, anti-loitering, and public safety laws, creating an environment where street-level fentanyl use is normalized and untreated addiction spirals unchecked.
2. Legally prohibiting treatment requirements for programs receiving U.S. Department of Housing and Urban Development (HUD) funding.
3. Halting of funding for wraparound services.
4. Prioritizing funds away from an emergency response towards taxpayer subsidized housing.
5. Utilizing a one-size-fits-all approach to populations who have unique treatment needs.

Based on the study findings and lessons from successful models in other cities, we recommend the following four Guiding Principles:

1. Prioritize expansion of treatment and recovery capacity.
2. Create clinical pathways to recovery and self-sufficiency.
3. Support long-term recovery in sober living and work programs.
4. Coordinate efforts between first responders and outreach teams in order to have a zero-tolerance approach towards people who are suffering, and often dying, on the street, in encampments and in other public rights of way.

More specifically, we recommend the following ***Immediate Action Steps*** to limit the expansion of homelessness and to begin making significant strides to reduce homelessness:

1. Allocate all unrestricted funds towards treatment and recovery programs/services, with the goal of self-sufficiency for all.
2. Create two customized clinical tracks and require all service providers to align their services to them.
3. Redirect 35% of homelessness and housing funding towards an emergency treatment response.
4. Deploy 24/7 hybrid enforcement and engagement teams, consisting of law enforcement, mental health professionals, and EMT's.

Additionally, it is strongly recommended that this survey be readministered in July or August to account for the known local surge of people experiencing homelessness during these warmer months in Spokane.

Study Scope

Marbut Consulting conducted a data analysis of the most recent Point-in-Time-Count (PITC) compared to earlier PITCs.

Marbut Consulting also drafted and conducted an in-the-field data survey of individuals experiencing “street-level homelessness” and included individuals living in shelters and service centers as well as living on the street. The collected data was then reviewed, analyzed, summated and reported to the general Spokane public. The hope is the study will be used to better understand the unique local makeup of homelessness in Spokane, which in turn will improve future policies, practices and action plans.

Survey Data Results and Analyses of Street-level Homelessness

Background

Spokane's homelessness crisis is one of the worst in the nation, and if nothing dramatically changes, Spokane's unsheltered population will likely continue to grow rapidly in the coming years. In 2024, the PIT (Point-in-Time) count estimates there were 2,021 people experiencing homelessness in Spokane, including 443 unsheltered individuals. Washington State has the third-worst homelessness crisis in the nation, behind California and New York.

Last year, overdose deaths in Spokane reached a record high of 352 fatalities, more than an 350% increase since 2019. Fentanyl is now the leading cause of death for Americans between the ages of 18 and 45.

In 2013, the federal government adopted a "Housing First" policy that prohibits participation requirements in programs receiving federal funding. In addition, "Housing First" policy directs funding away from wraparound services such as substance use treatment or job training programs. The loss of funding for services and the lack of treatment requirements created serious gaps in care for individuals with substance use disorder and mental illness. While it is undeniable that stability and recovery are more achievable when a person is housed, the dogmatic application of Housing First has too often come at the expense of treatment and supportive services that make enduring recovery possible.

The largest and most robust national study of homelessness to date (conducted by UC Berkeley and UCLA) reveals that 78% of people experiencing unsheltered homelessness have a substance use disorder and/or untreated mental illness. The study also found that over half self-report that substance use disorders and/or a mental health condition contributed to their loss of housing.

Just over a decade ago, federal funding for Continuums of Care (CoCs) was divided equally among emergency beds, transitional housing and permanent supportive housing. In the last twelve years, the distribution of emergency beds, transitional housing beds and permanent supportive housing beds has become heavily skewed towards taxpayer subsidized housing with no required nor federally funded treatment services. As a result, unsheltered homelessness has significantly increased, with the national rate of homelessness now doubling roughly every five years.

Mimicking the approach of the federal government, the prevailing policies aimed at addressing homelessness in Spokane have discontinued funding treatment for substance use disorders, removed treatment requirements, redistributed funds away from an emergency response system to long-term taxpayer subsidized housing, and utilized a one-size-fits-all approach to populations with varying needs.

Supreme Court Ruling Expands Local Options

The recent Supreme Court ruling in *City of Grants Pass v. Johnson* gives local jurisdictions the freedom to tailor their homelessness response to their population and expands local authority. As stated in the opinion of the Court, "*a handful of federal judges*" cannot "*begin to 'match' the collective wisdom the American people possess in deciding 'how best to handle' a pressing social question like homelessness.*"

Findings on Homelessness in Spokane

In order to understand the unique characteristics of Spokane's homelessness crisis, Marbut Consulting conducted a comprehensive street-level survey during March and April 2025 of Spokane's homelessness population. The study found that the vast majority of those experiencing homelessness in Spokane had little or no connection to Spokane. The study found that 63.2% of the population reported never having family ties to Spokane, 73.5% did not attend high school in Spokane, and 80.7% were born outside of Spokane.

In the data presented below, "Spokane" refers to Spokane County including the City of Spokane. The survey identified the following characteristics of Spokane's population experiencing homelessness.

Age

The average age of those experiencing homelessness is 45.7 years, and median age is 45 years. Both these numbers are remarkably close to other communities in the northwest.

Length of Time Experiencing Homelessness

People have been experiencing homelessness for an average of 8.7 years, with a median of 5 years. This duration of homelessness is extremely high, and over twice as long as in Seattle (4.2 years).

Where First Experienced Homelessness

Of people experiencing homelessness, 50.2% first began experiencing homelessness outside of Spokane, then moved to Spokane. This finding highlights that Spokane is often a secondary go to destination after individuals start experiencing homelessness.

Location of Birth

Of people experiencing homelessness, 80.7% were not born in Spokane (14.8% were born in Washington State not in Spokane, and 65.9% were born outside of Washington State).

Location of High School Attendance

- 26.5% of people experiencing homelessness attended high school in Spokane.
- 23.7% of people experiencing homelessness attended high school within Washington State but outside of Spokane.
- 49.8% of people experiencing homelessness attended high school outside of Washington State.

Location of Family

- 63.2% of people experiencing homelessness do not currently have nor never previously had family living in Spokane.
- 36.8% of people experiencing homelessness currently have or previously had family living in Spokane.

Figure 1: Location When First Experiencing Homelessness

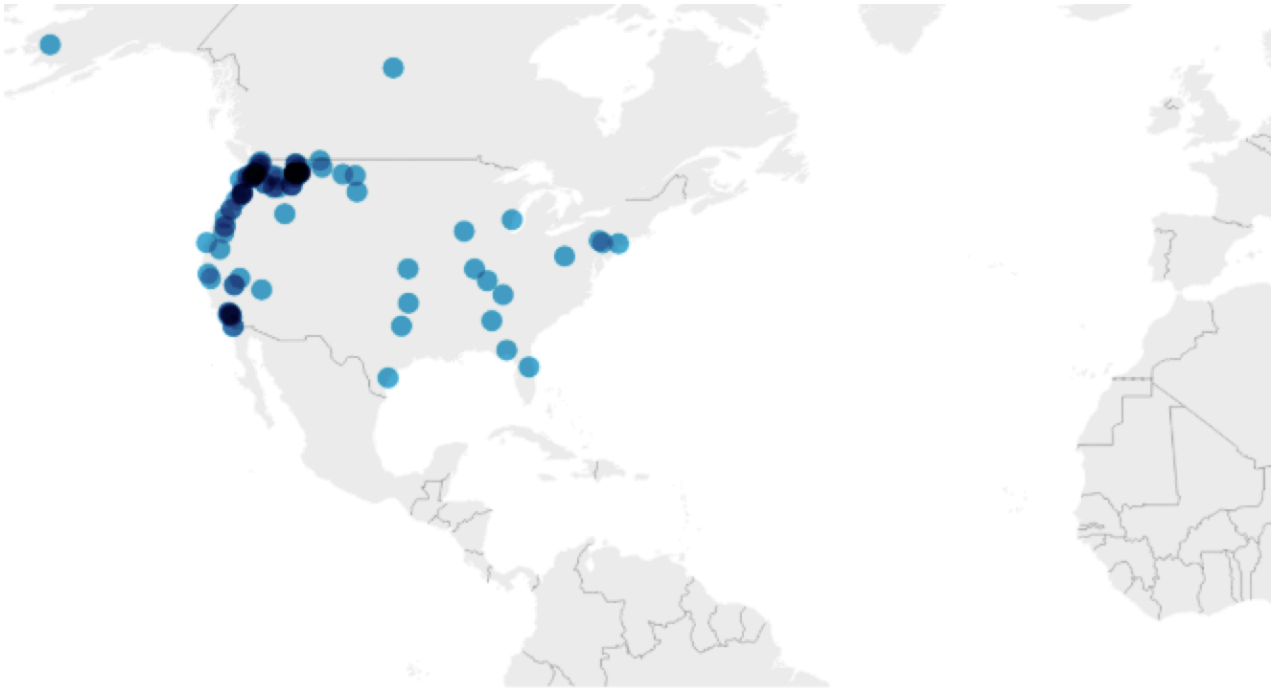

Figure 1: Circles on the map represent the city where an individual first began experiencing homelessness. When a city was not specified, the state or country was included. The shade of blue represents the density at that location. The darker the region, the more individuals who first began experiencing homelessness in that location.

Figure 2: Location Where Individuals Graduated from High School

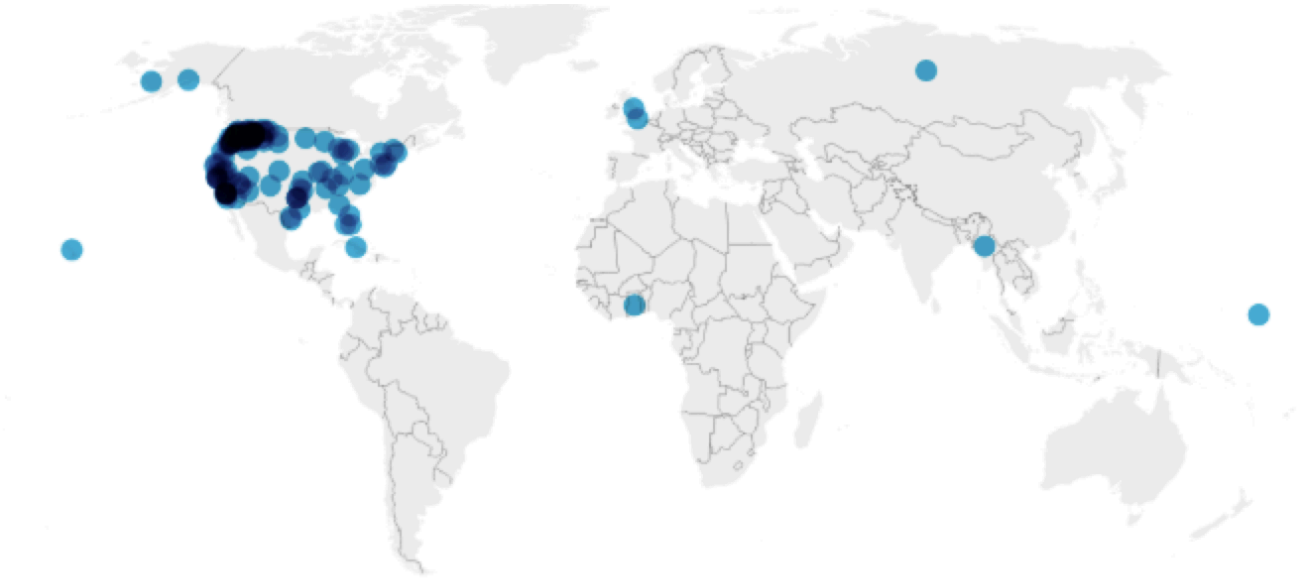

Figure 2: Circles on the map represent the city where an individual graduated from high school. When a person did not graduate from high school, the location where they were living when they were 17 was used. The shade of blue represents the density at that location. The darker the region, the more individuals who graduated from high school in that location.

Why the Marbut Consulting Survey Provides a More Accurate Picture than the PIT Count

The survey used in this study provides a significantly more accurate view, with a more robust understanding of where a person is from than the “Point-in-Time Counts” reports do:

	Survey Administered by Marbut Consulting	PIT Count as Directed by HUD
Methodology	Where were you born? Where did you attend high school? Do (or did) you have family living in Spokane? Where did you first start experiencing homelessness?	Where were you living *immediately* prior to loss of housing?
Effect on Data	Captures a longitudinal understanding of hometown and residency, providing a far more accurate and meaningful picture of residency levels.	Falsely skews data towards a higher level of local residency.

In addition to the survey, a comprehensive grid-search of the Spokane downtown area was conducted on March 23, 2025 (using similar search protocols established over the decades by the Heidi Search Center). The grid-search identified 403 unduplicated people experiencing street-level homelessness.

Favorable weather conditions and the timing of the survey, which took place near the end of the month, contributed to a highly accurate grid-search count. As a result, this number reflects the minimum number of individuals experiencing unsheltered homelessness in downtown Spokane

During the grid-search, a number of people with dogs were observed. Compared to prior Spokane observations in October 2019, September 2022 and September 2024, the number and size of dogs had increased noticeably. Of note, most of the people experiencing homelessness who had dogs with them were women. Increases in the number of dogs or the size of dogs are often a future indicator of increased levels of violence on the street.

Again, we strongly recommend replicating the survey and grid-search in downtown Spokane during the warmer summer months to capture a complete understanding of year-round fluctuation.

Recommendations: Guiding Principles

Based on the study findings, as well as our experience with successful programs addressing homelessness in several other cities, we offer the *Guiding Principles* below that should lead the governmental and community efforts in Spokane.

The *Guiding Principles* below address the following four key policy failures that have directly contributed to the increasing number of people experiencing homelessness in Spokane, and to the overall homelessness crisis:

1. Legally prohibiting treatment requirements for programs receiving HUD funding.
2. Halting funding for wraparound services.
3. Redistributing funds away from an emergency response towards taxpayer subsidized housing.
4. Utilizing a one-size-fits-all approach to populations who have unique treatment needs.

1. Prioritize expansion of treatment and recovery capacity:

Public and private funding should be prioritized to enable the most effective nonprofit organizations to dramatically expand the number of beds that are paired with treatment services. Local nonprofit organizations should be identified who have a track record of success in helping people move out of homelessness by providing cost-effective services that lead to sustainable, long-term self-sufficiency.

2. Create clinical pathways to recovery and self-sufficiency:

Clinical experience indicates that when people receive services within close proximity to their family and support network, they greatly improve their chances of recovery and a successful transition out of homelessness.

For those with long-term connections to Spokane, robust long-term treatment services should be provided immediately (eg 4-12 month residential programs). For those without long-term connections to Spokane, proactive family reunification should be prioritized via case management.

3. Support long-term recovery in sober living and work programs:

Work and job training opportunities are empowering for those who have gone through treatment and are seeking to build healthy lives in recovery. Therefore, funding should be provided for ongoing treatment programs that foster ongoing recovery during re-entry to employment. These may include sober living, recovery housing, workforce housing, employment opportunities, and job training.

4. Coordinate efforts between first responders and outreach teams in order to have a zero-tolerance approach towards people who are suffering, and often dying, on the street, in encampments and in other public rights of ways:

Local outreach teams should be encouraged to leverage their relationships with people experiencing unsheltered homelessness to help them enter programs with beds that are paired with treatment services. Since Spokane's Police, Fire, and EMS Departments frequently interact with people experiencing homelessness on the street, it is important that a strong partnership exists between first responders and outreach teams to connect people to beds that are paired with services. Resources should be focused primarily on people who are ready for treatment and recovery.

On-the-ground observations made during the fieldwork revealed extremely low levels of engagement activities by homelessness outreach and public safety teams. In order to reduce street-level homelessness, it is critical that public safety and public health teams proactively directly engage people who are living on the street into formal treatment programs. This lack of engagement, combined with a general lack of enforcement in the area, is a significant exacerbating factor as to why Spokane has such high levels of chronic street-level homelessness.

While this report emphasizes the importance of expanding treatment and recovery services, treatment efforts must be closely paired with consistent and coordinated direct engagement and general enforcement. To be successful in reducing homelessness, law enforcement must play two critical roles simultaneously:

1. Enforce public drug use, anti-loitering, and public safety laws,

2. Directly engage and encourage individuals experiencing homelessness and addiction to enroll in formal treatment and recovery programs.

For engagement to be effective and humane, it must be aligned with readily available robust treatment pathways and programs. When individuals are confronted with the choice to leave the streets and encampments, there must be clear routes into treatment and recovery programs. Without this alignment, enforcement lacks purpose and treatment lacks engagement.

Recommendations: Immediate Action Steps

There is a dearth of high-quality long-term treatment and recovery services. Additionally, the redistribution of funding has caused an imbalance of services away from emergency response services towards taxpayer subsidized housing. Furthermore, there are extremely low levels of direct connections to Spokane among most of the people experiencing homelessness in Spokane.

We therefore recommend the following three *Immediate Action Steps* that directly align with the four *Guiding Principles* above. These proposed action steps would limit the growth of homelessness in Spokane while making positive progress in addressing the crisis.

1. Allocate all unrestricted funds towards treatment and recovery programs/services, with the goal of self-sufficiency for all.

Treatment and recovery options for individuals experiencing homelessness are currently limited throughout Spokane. There is a critical need for additional short-term and long-term mental health and substance use disorder treatment services. Therefore, we recommend identifying funding sources that can be used to customize tailored treatment programs for individuals and families experiencing homelessness.

Disproportionately high overdose fatalities in taxpayer subsidized housing should make it clear that treatment and recovery must occur first before a person with an addiction to fentanyl or other fatal substances is given an isolated housing unit.

2. Create two customized clinical tracks and require all service providers to align their services to them.

Based on clinical best practices, the City of Spokane should place individuals in environments that provide the greatest chances of successful recovery. Substantial research indicates that a permanent exit from homelessness is most likely when recovery occurs in a location where the person experiencing homelessness is deeply connected and has a longstanding support network, typically in a person's hometown. Notable exceptions should be made for those experiencing homelessness who are survivors and victims of sexual and domestic violence who must have safe environments away from their abusers.

A meta-analysis from 2020 analyzed the findings of 16 studies and found that substance use disorder treatment is significantly more effective when family, partners or friends are involved compared to individually based therapies. According to the Federal Substance Abuse and Mental Health Services Administration (SAMHSA),

"All families share a bond that can be used to support one another during trying times. While there is no one-size-fits- all solution for helping a family member who is drinking too much, using drugs, or dealing with a mental illness, research shows that family support can play a major role in helping a loved one with mental and substance use disorders."

Data from our study shows that almost two-thirds of the people experiencing homelessness in Spokane have no family nor other deep ties to Spokane.

In light of this data, rather than a one-size-fits-all approach, services should be customized to promote the most effective recovery path for each individual experiencing homelessness.

In order to customize treatment tracks for each individual, we recommend using the following criteria to determine if a person has a "direct connection to Spokane":
a) Was born in Spokane.
b) Went to high school attendance in Spokane.
c) Have family living in Spokane.
d) Have continuously lived in Spokane for more than two years.

The criteria above should guide the provision of long-term services. It is important to note that this proposal does not apply to the provision of short-term emergency services, which should remain universally available for up to 21 days, regardless of their connection to Spokane.

Additionally, short-term services for visitors must include robust case management for family reunification and recovery services near their longstanding support network. Exceptions to the criteria must be made for individuals who are victims and survivors of domestic violence, for whom trauma-informed services are needed within safe environments.

Based on the criteria above, two clinical tracks should be created for each unique sub-

I. Individuals with direct connections to Spokane should receive long-term treatment services to successfully transition out of homelessness and be provided with continued support for sustainable recovery, housing, and employment.

II. Visitors with no direct connection to Spokane should receive immediate and robust case management for family reunification in order to enable the highest chances of successful recovery and transition out of homelessness by being in close proximity to their longstanding support network. A priority focus should be placed on those who have been in Spokane for fewer than 90 days.

We strongly recommend that long-term services be offered exclusively for individuals with long-term direct connections to Spokane. Ideally, all service agencies and nonprofit organizations providing services within Spokane should adopt and use this same eligibility criterion.

Simply put, people should receive customized services that give them the highest chance of recovery and the best chance to transition out of homelessness.

3. Redirect 35% of homelessness and housing funding towards an emergency treatment response.

When the US Department of Housing and Urban Development (HUD) implemented the Continuums of Care (CoC) Program, the goal was to create a balanced continuum of services among emergency beds, transitional beds, and long-term beds. This was evidenced by an even distribution between emergency shelter, transitional housing and long-term housing from 2007 through 2012 (i.e. 1/3 emergency shelter beds, 1/3 transitional housing beds, and 1/3 long-term housing beds).

In 2013, HUD altered the Continuums of Care program, skewing the distribution of beds away from emergency beds and services to permanent, fully subsidized housing. As of 2023, for every 1 bed in transitional housing in Spokane, there are 4 emergency shelter beds and 11 permanent housing units. The pathway from street-level homelessness to recovery and self-sufficiency must be rebalanced.

We recommend redirecting 35% of homelessness and housing funding in Spokane to the creation of emergency treatment shelters using the residency standard described above. Nonprofit organizations with a track record of effective treatment and transition out of homelessness should be selected to facilitate the treatment services at each site.

The following services should be provided on a full-time or part-time basis at each emergency treatment center in order to help people move out of homelessness towards self-sufficiency:

Engagement:
- Intake, registration, and assessment
- Master case management

Medical:
- Mental health (on-site and off-site referrals)
- Substance use disorder treatment (on-site and off-site referrals)
- Pharmacy services (on-site)
- Medical (on-site and off-site referrals)
- Dental (off-site referrals)
- Vision (off-site referrals)

Employment:
- Legal services and ID recovery
- Life skills training
- Job skills training (includes resume, interview and retention skills training)
- Job placement, coaching, and enlisting business community support for jobs

Hygiene:
- 24/7 bathrooms
- Showers
- Hygiene skills training and services
- Haircut services

Food:
- Establishment of a commercial kitchen
- Food and meals
- Coordination of meals (delivery and preparation from non-profits and churches)

Additional support services:
- Housing out-placement
- Veteran services
- Clothing closet
- Daytime activities
- Property storage
- Donation center

Administration:
- Administrative services
- Security
- Storage
- Volunteer coordination
- Community service work crews

4. Deploy 24/7 hybrid enforcement and engagement teams to redirect individuals off the street and into treatment.

An effective step Spokane can take is to establish multidisciplinary engagement teams composed of law enforcement, mental health professionals, and EMTs. These teams must operate across all hours, especially between midnight and early morning, when engagement is most effective.

Failing to enforce public drug laws, anti-loitering, public camping, and disorderly conduct statutes increases death on the street and attracts non-local fentanyl users. Spokane must stop sending the message: “Come here and die.”

Conclusion

Spokane is at a crossroads. The homelessness crisis in Spokane is on track to dramatically increase in the coming years. Furthermore, 2025 projections indicate nearly ten people within Spokane dying each week due to drug overdose, often due to fentanyl.

To reverse the trend of ever-increasing homelessness and collateral loss of life, Spokane must allocate a significant level of resources to immediately bring the unsheltered homelessness community indoors surrounded by, and immersed in robust treatment services and to create appropriate levels of engagement and enforcement. The north star must be helping people to get onto a pathway towards recovery. Doing this will also reduce street-level disorder and overuse of public safety resources.

Spokane cannot ignore the high percentage of people who do not have long-term ties to Spokane and/or who began experiencing homelessness outside of Spokane. We recommend creating two clinical tracks for services that place people where they have the best chance of recovery.

Finally, Spokane should also address the imbalance of long-term housing over emergency response beds. We recommend rebalancing the continuum of care by redirecting 35% of homelessness and housing funding towards the creation of emergency treatment shelters to immediately bring the unsheltered population indoors and on a path towards treatment and recovery (eg move back to the pre-2013 funding matrix).

Once more, it is strongly recommended to repeat this survey again in July or August when there is a historical surge of people experiencing homelessness during these warmer months in Spokane. This will provide an even more comprehensive understanding of the population experiencing homelessness and year-round trends.

Glossary of Homeless Assistance Terms

Affordable Housing – When individuals and families at or below the local median household income level can rent or buy housing. This can be a stand-alone house, condominium, or apartment. Affordable housing is often taxpayer-subsidized.

Behavioral Health – Refers to how behaviors impact an individual's well-being, and is distinct from mental illnesses. Substance use disorders, alcoholism, and gambling fall under the general umbrella of behavioral health.

Campuses – More robust versions of Transformational Centers, and are known for having extensive wraparound services provided by multiple partners working collaboratively at one site.

Chronic Homelessness – Living in a place not meant for human habitation for at least twelve months or four separate episodes of homelessness (one night or more not properly housed) in a three-year period.

City of Grants Pass, Oregon v. Gloria Johnson, et al. (2024) – The US Supreme Court's *City of Grants Pass* decision gives local governmental authorities wide latitude on the types of local laws and ordinances that jurisdictions can pass and enforce. The Court's majority opinion specifically stated that local governments are in a better position to know what the best course of action is to take to address homelessness in their respective communities than judges and justices far removed from these communities. *City of Grants Pass v. Johnson* replaced *Martin v. Boise* (2018) as the most important federal homelessness court case regarding homelessness, while *Martin v. Boise* earlier replaced *Pottinger v. City of Miami* (1992).

Come-as-You-Are (CAYA) Facilities – Homelessness assistance centers, campuses, and shelters that accept everyone as they are as long as they are not a threat to themselves or others. Different from a "wet shelter" in that CAYA facilities do not allow on-site drinking and drug use.

Continuum of Care (CoC) – A quasi-governmental, self-appointed regional body organized to determine local funding allocations of housing subsidies for families and individuals experiencing homelessness.

Cooling or Warming Centers – Short-term intermittent facilities, generally open for eight to ten hours a day when "triggered" by extremely high or low temperatures.

Enabling vs. Engaging – Enabling is a dysfunctional activity, often by a well-intended person or group, that attempts to fix a problem but actually makes the problem worse by perpetuating and/or exacerbating the problem. Whereas, engaging is a positive activity that attracts or involves a person into treatment and onto a pathway to sustained recovery and/or self-sufficiency.

Encampments – Locations where two or more people experiencing homelessness live in an unsheltered area. Typically composed of tents and improvised structures, and can be in urban, suburban, or rural settings.

Emergency Shelter – A facility that provides temporary food and shelter for people experiencing homelessness.

Homelessness Assistance Centers, Navigation Centers, and Transformational Centers – A wide range of facilities and programs that have robust, wraparound trauma-informed services that focus on helping people to exit homelessness, with the ultimate goal of self-sufficiency. These centers are almost always open twenty-four hours a day, every day of the year. They are not "shelters."

Homeless Management Information System (HMIS) – A local information technology system that HUD requires that is used to collect data on the provision of housing and services to individuals and families experiencing homelessness.

Intensive Case Management – A program for people experiencing homelessness—who often have severe and persistent mental illness and/or substance use disorder issues—that includes services like medication management, mental health wellness classes, substance use disorder treatment, twelve-step programs, help getting and keeping a job, etc.

Long-Term Supportive Care – Includes housing and customized supportive services, mostly for individuals receiving Supplemental Security Income, Social Security Disability Insurance, Medicare, and Medicaid.

Master Case Management – A service provided by a homelessness assistance services provider that coordinates overall treatment for people experiencing homelessness across a variety of service providers.

Mental Health – Reflects emotional, psychological, and social well-being.

Mental Illness – Refers to conditions that negatively affect a person's thinking, feeling, mood, or behavior. These can include, but are not limited to, depression, anxiety, bipolar disorder, or schizophrenia.

Outcomes vs. Outputs – Outcomes are the desired end goals to be accomplished (e.g., how many people exit homelessness). Outputs are sub-step actions that contribute toward accomplishing outcomes (e.g., how many hygiene kits are given out). When evaluating success, it is more important to measure and track meaningful outcomes than outputs.

Outreach Services – Services that attempt to engage and persuade people experiencing homelessness to go into a trauma-informed treatment program or to accept housing.

Permanent Supportive Housing – Leased-based taxpayer subsidized housing for people experiencing homelessness. Per HUD, participation treatment requirements and services are not allowed to be mandatory.

Point-in-Time Count (PITC) – A count of people experiencing homelessness (both unsheltered and sheltered) on a single day in January. This number is used by the federal government to track numbers and demographics of homelessness across the country. A PITC is required by HUD for communities that receive federal homelessness assistance funds and is one of the responsibilities of the local Continuum of Care.

Preconditions – Distinct from service participation requirements, these are used to prequalify individuals to participate in a program based on screening requirements. Preconditions and screening requirements could include sobriety, absence of a serious mental illness, or ability to work.

Services – A wide array of assistance activities provided by a service agency for people experiencing homelessness. May include, but are not limited to, trauma-informed care, case management, substance use disorder treatment, treatment for mental illness, dental care, health care, job skills training, life skill classes, laundry, and hygiene care.

Service Participation Requirements – Included in government funded assistance programs, such as Pell Grants and Temporary Assistance for Needy Families (TANF), are activities a person must participate in to continue to receive taxpayer funded assistance. Activities may include attending meetings with case managers, job training, life skill classes, and participation in substance use disorder treatment. Per HUD regulations and the Housing First philosophy, it is illegal to make participation treatment requirements mandatory.

Shelters – Facilities that provide minimal services and focus on basic life safety services like food and housing, sometimes open part-time. Shelters are not Homelessness Assistance Centers, Navigation Centers, or Transformational Centers.

Substance Use Disorder (SUD) – Clinically significant impairment due to alcohol and/or drug use and addiction, including health problems, disability, and failure to accomplish responsibilities at work, school, or home.

Summer and Winter Shelters – Shelters operating over a finite period of time, usually three to five months, depending on local weather conditions. These shelters are generally open ten to fourteen hours a day, but are sometimes open 24-7. Many times volunteers staff them.

Trauma-Informed Care – A customized approach of care that addresses an individual's underlying history of trauma.

Wet Shelters – Facilities that allow on-site drinking and sometimes on-site drug use.

Wraparound Services – A wraparound approach provides customized robust treatment services based on the unique individual needs of the person experiencing homelessness.

Exhibit 1

Dr. Robert G. Marbut Jr.

Dr. Robert Marbut has worked on issues of homelessness for more than three decades: first as a volunteer, then as chief of staff to San Antonio Mayor Henry Cisneros, next as a White House Fellow to President H.W. Bush (41, the Father), later as a San Antonio City Councilperson/Mayor-Pro-Tem and as the Founding President & CEO of Haven for Hope for five years (the most comprehensive homeless transformational center in the USA). He has also worked in three different U.S. Presidential Administrations, including serving as the Executive Director of the United States Interagency Council on Homelessness, often called the “Federal Homelessness Czar.” This is a presidential cabinet coordinating level post that coordinates 22 different Cabinet Departments and a handful of independent agencies.

He is the Executive Producer of Americans With No Address (documentary) and No Address (feature length movie starring Billy Baldwin, Beverly D’Angelo, Xander Berkeley and Ashanti), and the author of the No Address Interactive Study Guide (bible study). He is also Senior Producer of a documentary entitled Fentanyl: Death Incorporated.

In 2007, frustrated by the lack of real improvement in reducing homelessness, and as part of the concept development phase for the Haven for Hope Campus, Dr. Marbut conducted a nationwide best practices study. After personally visiting 237 homeless service facilities in 12 states and the District of Columbia, he developed The *Seven Guiding Principles of Homelessness Transformation* which focuses on root causes and recovery, not symptoms nor short term gimmicks.

These *Seven Guiding Principles of Homelessness Transformation* are used in all aspects of his work to create holistically transformative environments in order to reduce homelessness.

Since his national best practices study, Dr. Marbut has visited a total of 1,502 operations and has worked in all 50 states, plus Washington, DC and Mexico, DF. He has helped hundreds of communities and agencies to dramatically reduce homelessness.

Dr. Marbut has consulted on issues of homelessness with more communities and organizations than anyone else in the USA.

He earned a Ph.D. from The University of Texas at Austin, Austin, Texas in International Relations (with an emphasis in international terrorism and Wahhabism), Political Behavior and American Political Institutions/Processes from the Department of Government.

He also has two Masters of Arts degrees, one in Government from The University of Texas at Austin and one in Criminal Justice from the Claremont Graduate University (the Peter Drucker School). His Bachelor of Arts is a Full Triple Major in Economics, Political Science and Psychology (Honors Graduate) from Claremont McKenna (Men's) College. He also earned an Aviation Technology Level 1 Certificate from Palo Alto College.

Also, Dr. Marbut has completed three post-graduate fellowships, one as a White House Fellow (USA's most prestigious program for leadership and public service), one as a CORO Fellow of Public and Urban Affairs in Los Angeles, and one as a TEACH Fellow in the Kingdom of Bahrain and the State of Qatar (1 of 13 USA educators who were selected for this program). He was also a member of the Secretary of Defense's Joint Civilian Orientation Conference 2000 class (JCOC-63) which is DOD's premier civic leadership program and focused on Special Operations.

Caitlyn Axe McKenney

After completing her work on this project, Caitlyn McKenney became a Policy Advisor at the U.S. Department of Housing and Urban Development. Prior to her role on federal homelessness policy reform, Caitlyn was a Research Fellow at Discovery Institute's Center on Wealth and Poverty in Seattle where her work focused on housing, homelessness, and government fiscal accountability. Caitlyn is a graduate of the University of Washington, has interned for a political advocacy organization in Washington, DC, and has participated in the Vita Institute at the University of Notre Dame. She is published in the British Journal of Psychiatry, has contributed at outlets including the Seattle Times, and has made local and national media appearances.

Shaun Lee

Shaun Lee currently serves as the Chief Operating Officer at Mission Matters Group (MMG). The mission of MMG is to align people, processes and technology to help organizations have a greater impact. His work is focused on helping nonprofits develop strategic plans and implementing systems that improve organizational health.

Before joining MMG, Mr. Lee served as Executive Vice President of Operations at Haven for Hope, the largest homelessness services campus in the United States. He was responsible for all the infrastructure support and direct services, including leading Haven for Hope through its annual budgeting. Additionally, he led the effort to build a Homeless Management Information System (HMIS) in San Antonio that has extended well beyond data compliance and government reporting. The system he built is still in operation and facilitates real-time coordination across an entire community, with an outcome reporting model that allows key stakeholders to measure and learn from their collective impact.

Before joining Haven for Hope, Shaun served for five years at the largest homelessness services center in Missouri, the St. Patrick Center (SPC). While at SPC, Mr. Lee led a team that relocated more than 300 families from New Orleans after Hurricane Katrina. He also developed and managed an information system used to connect several organizations with more than 200 users. This client tracking system allowed SPC visibility into their processes and outcomes, with access to their most important data, and the tools to evaluate the data and overall outcomes.

He graduated with his Master of Social Work focusing on Community Organization and Non-Profit Management and Leadership and received his MBA from UT San Antonio.

SPOKANE
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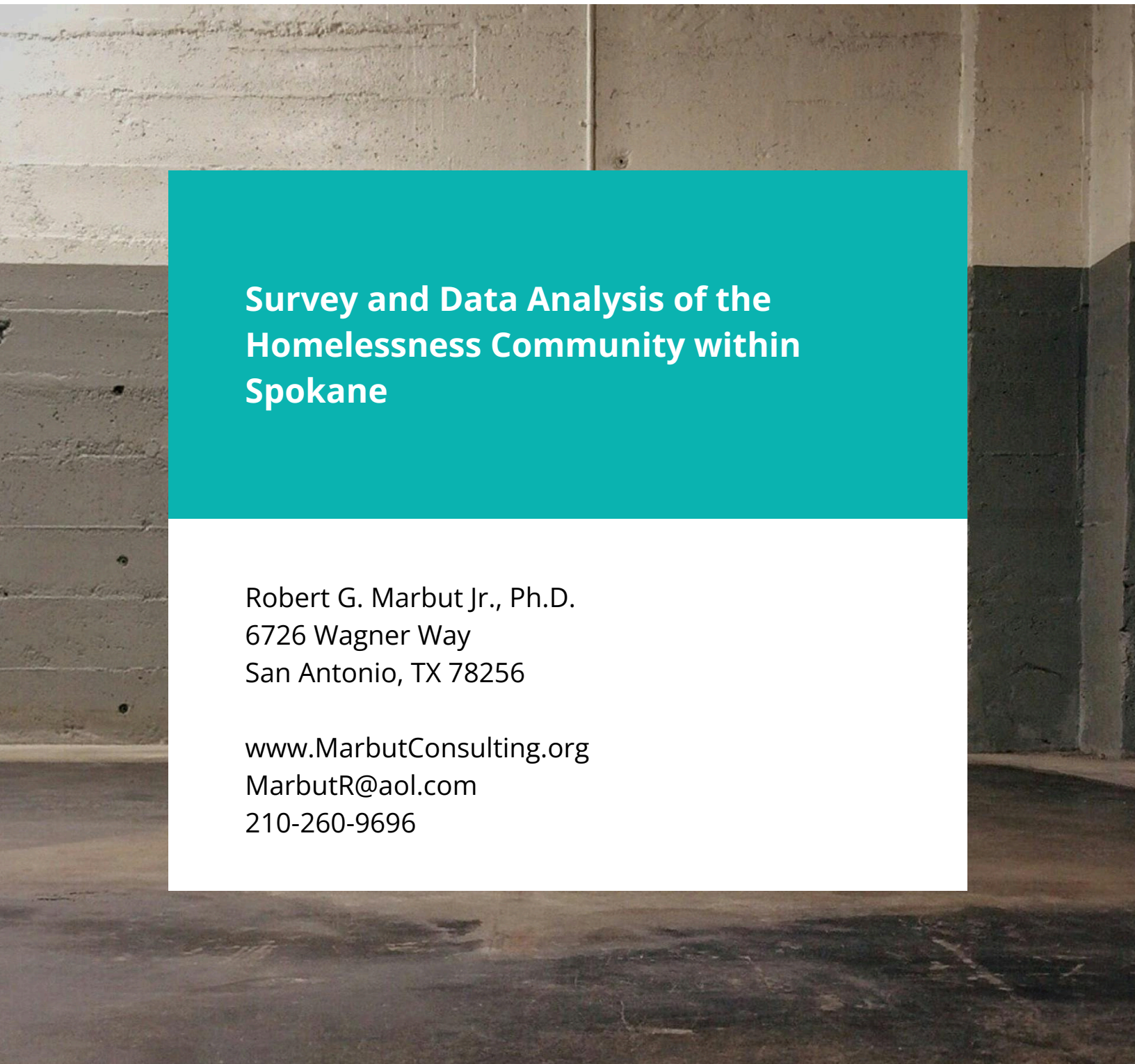

Survey and Data Analysis of the Homelessness Community within Spokane

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